## PATENT APPLICATION FEE DETERMINATION RECORD

Effective September 30, 2007

. Application or Docket Number

10/586545

| CLAIMS AS FILED - PART I  |  |  |  |                                   |                       |                                      |           | SMALL ENTITY        |                        |       | OTHER THAN          |                        |
|---|--|--|--|-----------------------------------|-----------------------|--------------------------------------|-----------|---------------------|------------------------|-------|---------------------|------------------------|
|   |  |  | (Column 1)                             |                                   | (Column 2)            |                                      |           | TYPE                |                        | OR    | SMALL ENTITY        |                        |
| U.S. NATIONAL STAGE FEES  |  |  |  |                                   |                       |                                      |           | RATE                | FEE                    |       | RATE                | FEE                    |
| BASIC FEE   |  |  | SMALL ENT                              | . = \$ 155                        | LAR                   | GE ENT. ≃ \$ 310                     |           | BASIC FEE           |                        | OR    | BASIC FEE           | 300                    |
| EXAMINATION FEE   |  |  | Satisfies PCT A<br>(4) = \$50          |                                   |                       | ther situations = 105 / \$ 210       |           | EXAM. FEE           |                        |       | EXAM. FEE           | 200                    |
| SEARCH FEE  |  |  | U.S. is ISA =                          | untries =                         |                       | other situations =<br>3 255 / \$ 510 |           | SEARCH FEE          |                        |       | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |  | min                                    | us 100 =                          |                       | / 50 =                               | 7         | X \$.130 =          |                        |       | X \$ 260 =          |                        |
| TOTAL CHARGEABLE CLAIMS   |  |  | /8 mi                                  | nus 20 =                          | *                     |                                      |           | X \$ 25 =           |                        | OR    | X \$ 50 =           |                        |
| IND   | EPENDENT CL                                    | AIMS   | 2 n                                    | ninus 3 =                         | * .                   |                                      |           | X \$ 105 =          |                        | OR    | X \$ 210 =          |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR  | ESENT                                  |                                   |                       |                                      | 7         | + \$ 185 =          | ,                      | OR    | + \$ 370 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |  |  |                                   |                       |                                      | TOTAL     |                     | ·OR                    | TOTAL | 700                 |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                         |  |  |  |                                   |                       |                                      |           | SMALL E             | ENTITY                 | OR    | OTHER<br>SMALL E    |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |  | HIGH<br>NUMI<br>PREVIC<br>PAID    | BER<br>DUSLY          | PRESENT<br>EXTRA                     |           | RATE<br>:           | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus                                  | **                                |                       | =                                    |           | X \$ 25 =           |                        | OR'   | X \$ 50 =           |                        |
|   | Independent                                    | *  | Minus                                  | ***                               |                       | =                                    |           | X \$ 105 =          |                        | OR    | X \$ 210 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                                   |                       |                                      |           | + \$ 185 =          |                        | OR    | + \$ 370 =          |                        |
|   |  |  |  |                                   |                       |                                      |           | TOTAL ADDIT.<br>FEE |                        | OR    | TOTAL ADDIT.<br>FEE |                        |
| •   |  | (Column 1)   |  | (Colun                            | nn 2)   c             | (Column 3)                           |           |                     |                        |       |                     |                        |
| JOMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |  | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>USLY           | PRESENT<br>EXTRA                     |           | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | # · · · · · · · · · · · · · · · · · · ·  | Minus                                  | **                                |                       | = .                                  | ] :       | X \$ 25 =           |                        | OR    | X \$ 50 =           |                        |
| AMENDA  | Independent                                    | *  | Minus                                  | *** .                             |                       | =                                    |           | X \$ 105 =          |                        | OR    | X \$ 210 =          |                        |
|   | FIRST PRES                                     | ENTATION OF M  | IULTIPLE DEPI                          | ENDENT C                          | LAIM                  |                                      |           | + \$ 185 =          |                        | OR    | + \$ 370 =          |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |  |  |                                   |                       |                                      |           |                     |                        | OR    | TOTAL ADDIT.<br>FEE |                        |
| ***   | If the "Highest Nu<br>If the "Highest Nu       | imn 1 is less than the<br>imber Previously Pai<br>imber Previously Paid<br>inber Previously Paid | d For" IN THIS SF<br>d For" IN THIS SF | PACE is less<br>PACE is less      | than '20<br>than '3', | )', enter "20".<br>, enter "3".      | nd in the | e appropriate box   | in column 1.           |       |                     |                        |